		_
FLO	RIDA DEPART	MENT OF
$ \mathbf{I} $	FΔI	TL
		<u>~ 1 1 1 1 </u>

Attachm	ent #		_
Page		of	_

Like a Charlege .

Jeb Bush Governor

John O. Agwunobi, M.D., M.B.A. Secretary

BUREAU OF EMERGENCY MEDICAL SERVICES

April 12, 2004

Chairperson Jane G. Sauls Leon County 301 South Monroe Street Tallahassee, FL 32301

Dear Chairperson. Sauls:

Secretary Agwunobi informed you in his letter dated March 31, 2004 of the approval of your emergency medical services matching grant in the amount of \$60,000.00 in state funds. The state ID code for this project is M4020.

Your grant began on March 31,2004 and will end on June 30, 2005. No costs may be incurred before or after these dates. Should additional time be required to complete the project you must submit a written ending date extension request prior to the ending date. Further, all costs that exceed the limits of the grant award, in accordance with Section 401.113 (2)(b), Florida Statutes, are the sole responsibility of the grantee. Your acceptance of all the grant terms and conditions is acknowledged when funds are drawn or otherwise obtained through the department's payment system.

A major requirement is that you must submit financial and narrative reports on the grant project activities as follows.

- 1. Activities from 3/31/2004 through 8/31/2004, report due by 10/4/2004;
- 2. Activities from 9/1/2004 through 1/31/2005, report due by 3/7/2005;
- 3. Activities from 2/1/2005 through 6/30/2005. This is the final report and is due no later than 8/15/2005. It must include copies of all invoices, receiving reports and cancelled checks pertaining to the grant expenditures. If the grant activities and expenditures are completed prior to the ending date, a final report may be submitted at that time and no further reports will be required. Failure to meet these reporting requirements will jeopardize the funding of any future grant applications submitted by your organization.

Should you need further assistance, please contact me at (850) 245-4440.

Sincerely,

Edward L. Wilson, Jr.

Program Administrator Grants Unit

Enclosures:

Approved Budget

Florida Single Audit Act Form

Change Request Form

Expenditure Report Form

cc: Dan Moynihan

3

Phone (850) 245-4440